

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043325

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 147

FILED NOV 18 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Cooper	b. CITY (If outside corporate limits, give TOWNSHIP only) Boonville	a. STATE Missouri	b. COUNTY Cooper
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home 1102 Santa Fe		d. STREET ADDRESS 1102 Santa Fe	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Frederick Charles Sombart		4. DATE OF DEATH Month Day Year November 13, 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/29/1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Dairy Farmer	9. AGE (last birthday) 75
11a. FATHER'S NAME Charles Sombart		11b. MOTHER'S MAIDEN NAME Mary Brechwald	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		14. NAME OF HUSBAND OR WIFE Louise Friedrich Sombart	
15. SOCIAL SECURITY NO. [redacted]		16. INFORMANT Paul Sombart Boonville, Mo.	
17. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i> DUE TO (b) <i>Hypertension - arteriosclerosis</i> DUE TO (c) <i>Coronary Artery Disease</i> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>± 10 minutes</i> <i>± 84 years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Boonville, Missouri	
21. I attended the deceased from 7-1-55 to 11-13-63 and last saw her alive on NOVEMBER 13, 1963 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE B. M. Stuart MD	
22b. ADDRESS 329 MAIN STREET, BOONVILLE, MISSOURI		22c. DATE SIGNED 11-13-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/15/63	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	23d. LOCATION (City, town, or county) (State) Boonville, Missouri
24. FUNERAL DIRECTOR Goodman & Boller Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 11/14/63	
26. REGISTRAR'S SIGNATURE [Signature]		27. [Signature]	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

NOV 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.